

# City of Warrenville

3S258 Manning Avenue  
Warrenville, IL 60555  
(630) 393-9427 (630) 393-5053 FAX

## LIQUOR LICENSE APPLICATION

Initial License

Renewal of License

License Class Applying For: \_\_\_\_\_

### Business Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Applicant Information

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_\_

Length of Residence in DuPage County: \_\_\_\_\_ Citizen of U.S.A.: Yes No

Place of Birth: \_\_\_\_\_

If a Naturalized Citizen –

Date of Naturalization: \_\_\_\_\_ Place of Naturalization: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_\_

Length of Residence in DuPage County: \_\_\_\_\_ Citizen of U.S.A.: Yes No

Place of Birth: \_\_\_\_\_

If a Naturalized Citizen –

Date of Naturalization: \_\_\_\_\_ Place of Naturalization: \_\_\_\_\_

Individual Owner

Partnership

LLC

Corporation

If a partnership or LLC, are all members citizens of the United States?      Yes      No

If any of the members are naturalized citizens –

Date of Naturalization: \_\_\_\_\_ Place of Naturalization: \_\_\_\_\_

If a corporation, give name and address of officers, directors, and all stockholders owning more than 5% of the stock of the corporation. Please attach another sheet if necessary.

1.      Name: \_\_\_\_\_ Office Held: \_\_\_\_\_  
Address: \_\_\_\_\_ % Stock Held: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
2.      Name: \_\_\_\_\_ Office Held: \_\_\_\_\_  
Address: \_\_\_\_\_ % Stock Held: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Would all the above qualify to hold licenses in their own individual names?      Yes      No

Date of Incorporation (Illinois Corporation) or qualification under the Illinois Business Corporation Act (Foreign Corporation): \_\_\_\_\_

Character of business the applicant proposes to conduct: \_\_\_\_\_

Length of time applicant has been in above business, or date charter was issued to a corporation:

Has applicant (if partnership or LLC, any member thereof, or if a corporation, the President or Secretary thereof) ever been convicted of a felony, or violation of any prohibition, alcoholic liquor or gambling laws, pandering, other crime or misdemeanor opposed to decency or morality?      Yes      No

Has applicant ever made a similar application in this or any other Municipality?      Yes      No

If yes, Name of Municipality: \_\_\_\_\_ Date: \_\_\_\_\_

Disposition of application: \_\_\_\_\_

Has applicant had any previous alcoholic liquor license revoked or suspended?      Yes      No

If Business is a Restaurant

What is the seating capacity, bar not included? \_\_\_\_\_

**Please attach a floor plan showing seating areas of restaurant and bar.**

What is the square footage devoted exclusively to the dining area, bar not included? \_\_\_\_\_

What percentage of gross restaurant receipts is attributable to the sale of food on the restaurant premises? \_\_\_\_\_

If Business Has a Manager

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Length of Residence in DuPage County: \_\_\_\_\_

Owner of Premises

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Dates of Lease: \_\_\_\_\_

Does applicant understand this license is not assignable?      Yes    No

I (we) hereby affirm that I (we) will not violate any laws of the State of Illinois, or of the United States of America, or any ordinance of Warrenville in the conduct of my (our) place of business.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Co-Partner or President

\_\_\_\_\_  
Co-Partner or Secretary

**(FORM TO BE USED WHEN APPLICANT IS AN INDIVIDUAL)**

A F F I D A V I T

STATE OF ILLINOIS ) ss  
COUNTY OF DUPAGE )

\_\_\_\_\_ being first duly sworn upon oath, depose and say that he, she or they have signed the above and foregoing application for a license and he, she or they have read the questions and answers thereto and the statements therein set forth in the above application and that the same is true in substance and in fact.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
(NOTARY SEAL)

**(FORM TO BE USED WHEN APPLICANT IS A CORPORATION)**

A F F I D A V I T

STATE OF ILLINOIS ) ss  
COUNTY OF DUPAGE )

I, \_\_\_\_\_, a Notary Public in and for said County of DuPage in the State aforesaid, do hereby certify that \_\_\_\_\_, personally known to me to be the President of said Corporation and \_\_\_\_\_, personally known to me to be the Secretary of said Corporation appeared before me this day in person and acknowledged that they signed the above and foregoing application for alcohol liquor license and that they have read the questions and answers thereto and the statements therein set forth in the above application and that the same is true in substance and in fact.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
(NOTARY SEAL)

APPROVED ]  
                  ] this \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_  
REFUSED ]

\_\_\_\_\_  
LOCAL LIQUOR CONTROL COMMISSIONER

NOTE: 1. If said application is made in behalf of a partnership, firm, club or corporation, then same must be signed and sworn to by all members of such partnership, including silent partners, or by the President and Secretary of such corporation.

2. All license fees shall be payable in advance annually and not later than April 30<sup>th</sup> for the coming year from May 1<sup>st</sup> following.

3. All license applications shall be stamped as to date of filing and shall be given a filing number and shall be considered by the Local Commission in numerical order. Applications for renewal shall be considered in the same numerical order as determined by the original application filing number.

4. Licenses shall be in force and effect on May 1<sup>st</sup> of the year stated or from date of issuance, whichever is later, and shall continue in effect unless revoked for cause shown until April 30<sup>th</sup> of the following calendar year.

5. Failure to make application for renewal on or before the 1<sup>st</sup> of April immediately prior to expiration date of license shall be deemed a waiver of priority listing and subsequent application shall be a new application, and a proper filing number shall be provided for such application. Applications for renewal shall be made in the same manner as for new applications except that such application shall state thereon such fact. Forfeited application listings shall be stricken from the application list and shall not again be used. There shall be no property right in any such license but priority in application shall receive proper consideration wherever all requirements of this ordinance have been complied with.

6. No license will be issued hereunder unless and until the applicant has complied with Section 14 (personal health certificate), Section 16 (dram shop insurance) of Warrenton Ordinance No. 494, passed 3/17/81, an Ordinance licensing, classifying and regulating the sale of alcoholic liquors.

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AFFIDAVIT OF OWNERSHIP

\_\_\_\_\_  
Date

\_\_\_\_\_, being first duly sworn, on oath, deposes and states  
that he/she is the owner of the premises located at \_\_\_\_\_

(Signed) \_\_\_\_\_

SUBSCRIBED AND SWORN to me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, A.D.

\_\_\_\_\_  
Notary Public

(NOTARY SEAL)



**AUTHORITY FOR RELEASE OF INFORMATION AND RECORDS**

I, \_\_\_\_\_, do hereby authorize a review of all records concerning myself to any duly authorized agent of the Warrenville Police Department, whether the said records are of a public, private, or confidential nature.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Warrenville Police Department for any and all liability, which may be incurred, or as a result arising from the collection of such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not bear an original writing of my signature.

I have read and fully understand the contents of the above “**Authority for Release of Information and Records**”.

DATE OF BIRTH (Month-Day-Year)	SOCIAL SECURITY NUMBER	DATE SIGNED
NAME (Last-First-Middle Initial)	SIGNATURE	